

**APPLICATION FOR THE REVIEW OF DISCHARGE OR DISMISSAL  
FROM THE ARMED FORCES OF THE UNITED STATES**

*(Please read attached instructions before completing this form.)*

*Form Approved  
OMB No. 0704-0004  
Expires Nov 30, 2003*

The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0004), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS PAGE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 1553; E.O. 9397.

**PRINCIPAL PURPOSE(S):** To apply for a change in the type of military discharge issued to an individual.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security Number is strictly to assure proper identification of the individual and appropriate records.

**REQUESTING COPIES OF MILITARY RECORDS**

Prior to applying for discharge review, potential applicants or their designated representatives may obtain copies of their military personnel records by submitting a Standard Form (SF) 180, Request Pertaining to Military Records, to the National Personnel Records Center (NPRC), 9700 Page Boulevard, St. Louis, MO 63132-5200.

**1. DATA PERTAINING TO INDIVIDUAL (APPLICANT) TO BE REVIEWED**

<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>		<b>b. SOCIAL SECURITY NUMBER</b>	
<b>c. ADDRESS</b>			
<b>(1) STREET</b> <i>(Include apartment number)</i>		<b>(2) CITY</b>	<b>(3) STATE</b>
			<b>(4) ZIP CODE</b>
<b>d. SERVICE NUMBER</b> <i>(If different from SSN)</i>		<b>e. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>	<b>f. E-MAIL ADDRESS</b>
<b>g. BRANCH OF ARMED SERVICE</b> <i>(X one)</i>		<b>h. DISCHARGE RECEIVED</b> <i>(X one)</i>	
<input type="checkbox"/> ARMY		<input type="checkbox"/> HONORABLE	
<input type="checkbox"/> NAVY		<input type="checkbox"/> GENERAL/UNDER HONORABLE CONDITIONS	
<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS	
<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> BAD CONDUCT <i>(Special court-martial only)</i> <i>(See Item 1g instructions)</i>	
<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> UNCHARACTERIZED	
<b>i. DATE OF DISCHARGE</b> <i>(YYYYMMDD)</i>		<input type="checkbox"/> OTHER <i>(Explain)</i>	

<b>2. APPEAL FILED IN BEHALF OF INDIVIDUAL TO BE REVIEWED</b> <i>(If the reviewee is deceased or incompetent, complete this section. Appropriate evidence, e.g., death certificate, medical statement of incompetency, must accompany this form.)</i>		<b>3. BOARD ACTION REQUESTED</b> <i>(X as applicable)</i>	
<b>a. RELATIONSHIP OF INDIVIDUAL SUBMITTING THIS APPLICATION TO APPLICANT</b> <i>(X one)</i>		<input type="checkbox"/> <b>a. CHANGE DISCHARGE TO HONORABLE</b>	
<input type="checkbox"/> NEXT OF KIN <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> LEGAL REPRESENTATIVE		<input type="checkbox"/> <b>b. CHANGE DISCHARGE TO GENERAL/ UNDER HONORABLE CONDITIONS</b>	
<b>b. NAME</b> <i>(Last, First, Middle Initial)</i>		<input type="checkbox"/> <b>c. CHANGE DISCHARGE TO ENTRY LEVEL SEPARATION OR UNCHARACTERIZED</b>	
		<input type="checkbox"/> <b>d. CHANGE REASON FOR DISCHARGE TO:</b>	

<b>4. TYPE OF REVIEW REQUESTED</b> <i>(X one)</i>	
<input type="checkbox"/> I AND/OR <i>(counsel/representative)</i> WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE THE BOARD IN THE WASHINGTON NATIONAL CAPITAL REGION.	
<input type="checkbox"/> I AND/OR <i>(counsel/representative)</i> WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE A TRAVELING PANEL CLOSEST TO <i>(enter city and state)</i> <i>(NOTE: Navy Discharge Review Board does not have a traveling panel.)</i>	
<input type="checkbox"/> CONDUCT A RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME. I AND/OR <i>(counsel/representative)</i> WILL NOT APPEAR BEFORE THE BOARD.	

<b>5. I HAVE ARRANGED TO BE REPRESENTED BY AND AUTHORIZE THE RELEASE OF RECORDS TO</b> <i>(Complete if applicable)</i>		
<b>a. NAME OF COUNSEL/REPRESENTATIVE</b> <i>(Last, First, Middle Initial)</i>	<b>b. ORGANIZATION</b>	<b>c. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>
<b>d. ADDRESS</b>		
<b>(1) STREET</b> <i>(Include apartment or suite number)</i>	<b>(2) CITY</b>	<b>(3) STATE</b>
<b>(4) ZIP CODE</b>		

<b>6. WAIVER OF COUNSEL</b> <i>(X if applicable)</i>	
<input type="checkbox"/> I HAVE READ ITEM 6 OF THE INSTRUCTIONS PERTAINING TO THE AVAILABILITY OF COUNSEL AND ELECT NOT TO BE REPRESENTED BY COUNSEL/ REPRESENTATIVE <i>(Leave Item 5 blank).</i>	

<b>7. SUPPORTING DOCUMENTS</b> <i>(X as applicable) (Please print name and Social Security Number on each document.)</i>			
	WILL NOT BE SUBMITTED. PLEASE COMPLETE REVIEW BASED ON AVAILABLE SERVICE RECORDS.		
	ARE LISTED BELOW AND ARE ATTACHED TO THIS APPLICATION: <i>(Continue on a plain sheet of paper if more space is needed.)</i>		
a. DOCUMENT 1:			
b. DOCUMENT 2:			
c. DOCUMENT 3:			
<b>8. ISSUES</b> The Board will consider any issue submitted by you prior to closing the case for deliberation. The Board will also review the case to determine whether there are any issues that provide a basis for upgrading your discharge. However, the Board is not required to respond in writing to issues of concern to you unless those issues are listed or incorporated by specific reference below. Carefully read the instructions that pertain to Block 8 prior to completing this part of the application. If you need more space, submit additional issues on an attachment.			
	I HAVE LISTED ADDITIONAL ISSUES AS AN ATTACHMENT TO THIS APPLICATION.		
	I PREVIOUSLY SUBMITTED AN APPLICATION ON <i>(Enter date)</i> AND AM COMPLETING THIS FORM IN ORDER TO SUBMIT ADDITIONAL ISSUES.		
	THE ABOVE ISSUES SUPERSEDE ALL PREVIOUSLY SUBMITTED.		
<b>9. CERTIFICATION</b> I make the foregoing statements as part of my application with full knowledge of the penalties involved for willfully making a false statement. <i>(U.S. Code, Title 18, Section 1001, provides that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)</i>			
a. DATE (YYYYMMDD)		b. SIGNATURE	
<b>UPON COMPLETION, MAIL THIS APPLICATION TO APPLICABLE ADDRESS BELOW</b>			
<b>ARMY</b> Army Review Boards Agency Support Division, St. Louis ATTN: SFMR-RBR-SL 9700 Page Avenue St. Louis, MO 63132-5200 (See <a href="http://arba.army.pentagon.mil">http://arba.army.pentagon.mil</a> )	<b>NAVY &amp; MARINE CORPS</b> Naval Council of Personnel Boards 720 Kennon Street, S.E. Rm. 309 (NDRB) Washington Navy Yard, DC 20374-5023	<b>AIR FORCE</b> SAF/MIBR 550-C Street West, Suite 40 Randolph AFB, TX 78150-4742	<b>COAST GUARD</b> Commandant (G-WPM) 2100 Second Street, S.W. Washington, DC 20593-0001

## INSTRUCTIONS FOR COMPLETION OF DD FORM 293

### REQUESTING COPIES OF YOUR OFFICIAL MILITARY PERSONNEL FILE

Applicants are strongly encouraged to submit any request for their military records prior to applying for discharge review rather than after submitting a DD Form 293 in order to avoid substantial delays in processing of applications and scheduling of reviews. Applicants and their counsel may also examine their military personnel records at the site of their scheduled review prior to the review. The Board shall notify applicants of the date of availability of the records for examination in their standard scheduling information.

Submission of a request for an applicant's military records (including a request pursuant to the Freedom of Information Act or Privacy Act) after the DD Form 293 has been submitted shall automatically result in the suspension of processing of the application for discharge review until the requested records are sent to an appropriate location for copying, are copied, and are returned to the possession of the headquarters of the Discharge Review Board. Processing of the application shall then be resumed at whatever stage of the discharge review process is practicable.

**ITEM 1a.** Use the name which you served under while in the Armed Forces. If your name has since changed, then also include your current name after adding the abbreviation "AKA". If the former member is deceased or incompetent, see Item 2.

**ITEM 1b.** Self explanatory.

**ITEM 1c.** Indicate the address to be used for all future correspondence regarding this application. If you change this address while this application is pending, you must notify the Discharge Review Board immediately. Failure to attend a hearing as a result of an unreported change in address may result in waiver of your right to a hearing.

**ITEMS 1d, 1e, 1f.** Self explanatory.

**ITEM 1g.** If you received more than one discharge, the information in this item should refer to the discharge that you want changed. **Discharge Review Boards cannot consider any type of discharge resulting from a sentence given by a general court-martial.**

**ITEM 1h.** Self explanatory.

**ITEM 1i.** Self explanatory. If discharge issued over 15 years ago, you must petition the appropriate Board for Correction of Military Record using DD Form 149, *Application for Correction of Military Record Under the Provisions of Title 10, U.S. Code, Section 1552*.

**ITEM 2a.** If the former member is deceased or incompetent, the application may be submitted by the next of kin, a surviving spouse or a legal representative. Legal proof of death or incompetency and satisfactory evidence of the relationship to the former member must accompany this application.

**ITEM 2b.** Name of person submitting this application on behalf of the former member should be entered.

**ITEM 3.** Mark Item a, b., c., or d. If you mark Item d., you must list the specific reason for discharge that you believe to be appropriate. If you do not mark any of these items, the Board will presume you want to change discharge to Honorable. If you do not mark Item d., the Board will presume that you do not want a change in reason for discharge.

If you were separated on or after 1 October 1982 while in an entry level status (see DoD Directive 1332.14, Encl. 3, Part 1-F) with an under other than honorable conditions discharge and less than 180 days of active service, you can request a change to "Entry Level Separation" or "Uncharacterized". To do this, mark Item c., "Change Discharge to Entry Level Separation or Uncharacterized".

### ITEM 4. TYPE OF REVIEW REQUESTED

a. Discharge Review is conducted in two basic ways:  
(1) Hearing or (2) Records Review.

1. Hearing. You may appear personally (alone or assisted by a representative/counsel) before the Board in the Washington National Capital Region or before a Traveling Panel in selected locations throughout the U.S., if appropriate. Detailed notification and/or scheduling information for all personal appearances will be provided after the application has been processed. In addition, without appearing yourself, you may have your case presented by a representative/counsel of your choice.

2. Records Review. Without you and/or your counsel appearing, you may have the Board conduct a review based solely on military records and any additional documentation that you provide.

b. Applicants participating in a personal appearance or hearing examination may make sworn or unsworn statements, introduce witnesses, documents, or other information on their behalf. The Department of Defense is not responsible for, nor will it pay for, any costs incurred by the applicant. Applicants may make oral or written arguments personally and/or through representative/counsel. Applicants and witnesses who present sworn or unsworn statements may be questioned by the Board.

c. FAILURE TO APPEAR AT A HEARING OR RESPOND TO A SCHEDULING NOTICE. If you do not appear at a scheduled hearing or respond as required to a scheduling notice, and you did not make a prior, timely request for a continuance, postponement, or withdrawal of the application, you will forfeit the right to a personal appearance and the Board shall complete its review of the discharge based upon the evidence of record.

**ITEM 5.** Omit if you do not have a representative/counsel. If you later obtain the services of either, inform the Board immediately.

**ITEM 6.** With regard to reviews involving a representative/counsel, the military services do not provide counsel representation or evidence for you, nor do they pay the cost of such representation under any circumstance. The following organizations regularly furnish representation at no charge to you. Representatives may or may not be lawyers.

1. American Legion
2. Disabled American Veterans
3. Veterans of Foreign Wars
4. State or Regional Veterans Offices

In addition, there are other organizations willing to assist you in completing this application and to provide representation at no cost. It is to your advantage to coordinate with your counsel prior to submitting this application. This will insure that your counsel is able to appear at the location you listed in Item 4. Please note that some of the organizations listed above only represent applicants who appear before the Board in the Washington National Capital Region. Contact your local veterans affairs office, Veterans Administration Office or veterans service organization for further information.

**ITEM 7.** Evidence not in your official records should be submitted to the Board before the review date. It is to your advantage to submit such documentation with this application. This also applies to legal briefs or counsel submissions. However, you have the right to submit evidence until the time the Discharge Review Board closes the review process for deliberation. Documents that are of the most benefit are those which substantiate or relate directly to your issues (see Item 8). Other documents that may be helpful are character references, educational achievements, exemplary post-service conduct and medical reports. You should add your name and Social Security Number to each document submitted.

The Board will consider all documents submitted in your behalf, but will respond in writing only to those issues set forth in accordance with the instructions for Item 8.

**ITEM 8.** "Issues" are the reasons why you think your discharge should be changed. You are not required to submit any issues with your application. However, if you want the Board to respond in writing to the issues of concern, you must list your specific issues in accordance with those instructions and regulations governing the Board.

Issues must be stated clearly and specifically. Your issue should address the reasons why you believe that the discharge received was improper or inequitable. It is important to focus on matters that occurred while you served in the Armed Forces.

The following examples demonstrate one way in which issues may be stated (the example issues do not indicate, in any way, the only type of issues that should be submitted to the Board):

Example 1. My discharge was inequitable because it was based on one isolated incident in 28 months of service with no other adverse action.

Example 2. The discharge is improper because the applicant's preservice civilian conviction, properly listed on his enlistment documents, was used in the discharge proceedings.

In Item 8 list each of your issues that you want the Board to address. There is no limit to the number of issues that you may submit. If you need additional space, continue on a plain sheet of paper and attach it to this application.

**NOTE:** If an issue is not listed in Item 8, it may result in the Board not addressing the issue even if the issue is discussed in a legal brief or other written submissions or at the hearing. Changes or additions to the list may be made on the DD Form 293 anytime before the Discharge Review Board closes the review process for deliberation.

Please be sure that your issues are consistent with the Board Action Requested (Item 3). If there is a conflict between what you say in your issues and what you requested in Item 3, the Board will respond to your issue in the context of the action requested in Item 3. For example, if you request a General Discharge in Item 3 but your issue in Item 8 indicated you want an Honorable Discharge, the Board will respond to the issue in terms of your request for a General Discharge. Therefore, if you are submitting issues for the purpose of obtaining an Honorable Discharge, be sure to mark the box for an Honorable Discharge in Item 3.

**Incorporation by Reference.** Issues that are listed on a legal brief or other written submissions may be incorporated by reference in Item 8. The reference must be specific enough for the Board to clearly identify the matter being submitted as an issue. At a minimum, it shall identify the page, paragraph, and sentence incorporated.

Example: Issue 1. Use brief, page 2, paragraph 1, sentences one and two.

Applicants should be as specific as possible with all references so the Board can clearly distinguish the scope of the issue. Because it is to your benefit to bring such issues to the Board's attention as early as possible in the review, if you submit a brief, you are strongly urged to set forth all such issues as a separate item at the beginning of the brief.

**ITEM 9.** Self explanatory.